

jfw 3629

PTO/SB/21 (02-04)

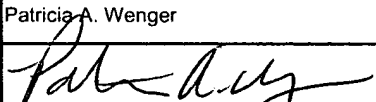
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/881527	
	Filing Date	June 14, 2001	
	First Named Inventor	Gizzio	
	Art Unit	3629	
	Examiner Name	Jonathan Ouellette	
Total Number of Pages in This Submission	3	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Patricia A. Wenger
Signature	
Date	May 13, 2004

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/881527
Filing Date	June 14, 2001
First Named Inventor	Gizzio
Art Unit	3629
Examiner Name	Jonathan Ouellette
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Patricia A. Wenger				
Address	201 North Jackson Street				
Address					
City	Media	State	PA	Zip	19063
Country	U.S.S.				
Telephone	610-566-3040	Fax	877-369-2792		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Jill Leslie Gizzio		
Signature			
Date	May 4, 2004	Telephone	610-344-2918

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	09/881527
Filing Date	June 14, 2001
First Named Inventor	Gizzio
Title	Method and Apparatus for Match
Art Unit	3629
Examiner Name	Jonathan Ouellette
Attorney Docket Number	

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Patricia A. Wenger	42,218

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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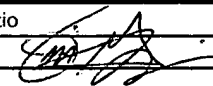
<input checked="" type="checkbox"/> Firm or Individual Name	Patricia A. Wenger				
Address	201 North Jackson Street				
Address					
City	Media	State	PA	Zip	19063
Country	U.S.A.				
Telephone	610-566-3040	Fax	877-369-2792		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Jill Leslie Gizzio		
Signature			
Date	May 4, 2004	Telephone	610-344-2918

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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